

Pat Barker
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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO. 121644467	FILING DATE		
						APPLICANT(S)			
CLAIMS						*	*	*	
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					51			
2	/					52			
3	/					53			
4	/					54			
5	/					55			
6	/					56			
7	/					57			
8	/					58			
9	/					59			
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11	/					61			
12	/					62			
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14	/					64			
15	/					65			
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17	/					67			
18	/					68			
19	/					69			
20	/					70			
21	/					71			
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27						77			
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31						81			
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36						86			
37						87			
38						88			
39						89			
40						90			
41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.	16					TOTAL IND.			
TOTAL DEP.	16					TOTAL DEP.			
TOTAL AMOUNT	26					TOTAL CLAIMS			